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CONFIRMATION NO. 5122

<b>SERIAL NUMBER</b> 10/520,070	<b>FILING OR 371(c) DATE</b> 01/05/2005 <b>RULE</b>	<b>CLASS</b> 111	<b>GROUP ART UNIT</b> 3641	<b>ATTORNEY DOCKET NO.</b> 1501-1288
<b>APPLICANTS</b> Mats Kjellsson, Koinge, SWEDEN; Crister Stark, Lejonbacken, SWEDEN;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE03/00925 06/05/2003 <b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0202131-9 07/05/2002  <div style="text-align: right;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 33	<b>TOTAL CLAIMS</b> 31
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 00466				
<b>TITLE</b> Apparatus for discrete distribution of granules				
<b>FILING FEE RECEIVED</b> 725	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	